

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

10/049985

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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47				
48				
49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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	IND.	DEP.	IND.	DEP.
51	/			
52	/			
53	/			
54	/			
55	/			
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91	/			
92	/			
93	/			
94	/			
95	/			
96	/			
97				
98				
99				
100				
TOTAL IND.	3			
TOTAL DEP.	49			
TOTAL CLAIMS	50			